POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Dr	32	2/16
FORMALITY REVIEW	HA	858	03-02-01
RESPONSE FORMALITY REVIEW	Tr	JC947	04/9/01

INDEX OF CLAIMS

✓	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim				Date								
Final	Original	A6/03	2/6/01	4/5/05								
	1	✓	✓	✓								
	2	✓	✓	✓								
	3	✓	✓	✓								
	4	✓	✓	✓								
	5	✓	✓	✓								
	6	✓	✓	✓								
	7	✓	✓	✓								
	8	✓	✓	✓								
	9	✓	✓	✓								
	10	✓	✓	✓								
	11	✓	✓	✓								
	12	✓	✓	✓								
	13	✓	✓	✓	=								
	14	✓	✓	✓								
	15	✓	✓	✓								
	16	✓	✓	✓								
	17	✓	✓	✓								
	18	✓	✓	✓								
	19	✓	✓	✓								
	20	✓	✓	✓								
	21											
	22											
	23											
	24											
	25											
	26											
	27											
	28											
	29											
	30											
	31											
	32											
	33											
	34											
	35											
	36											
	37											
	38											
	39											
	40											
	41											
	42											
	43											
	44											
	45											
	46											
	47											
	48											
	49											
	50											

Claim		Date
Final	Original	
	51	
	52	
	53	
	54	
	55	
	56	
	57	
	58	
	59	
	60	
	61	
	62	—
	63	
	64	
	65	
	66	
	67	
	68	
	69	
	70	
	71	
	72	
	73	
	74	
	75	
	76	
	77	
	78	
	79	
	80	
	81	
	82	
	83	
	84	
	85	
	86	
	87	
	88	
	89	
	90	
	91	
	92	
	93	
	94	
	95	
	96	
	97	
	98	
	99	
	100	

Claim		Date
Final	Original	
	101	
	102	
	103	
	104	
	105	
	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	
	116	
	117	
	118	
	119	
	120	
	121	
	122	
	123	
	124	
	125	
	126	
	127	
	128	
	129	
	130	
	131	
	132	
	133	
	134	
	135	
	136	
	137	
	138	
	139	
	140	
	141	
	142	
	143	
	144	
	145	
	146	
	147	
	148	
	149	
	150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)